

2025-2026 Barbour County Schools
Pre-School Registration by Appointment Only
Call Karen MacDonald at 304-614-8763 starting January 2, 2025
Enrollment packets available on the Barbour County Schools Website

Required Items can be SCANNED TO KAREN MACDONALD at
kmacdonald@ncwvcaa.org or faxed to Karen at 304-457-6525:

- Income verification will count as 10 points in the selection process.
- State Certified Birth Certificate
 - This is a birth certificate obtained from the state registrar's office from the state in which your child was born.
 - **WE CANNOT ACCEPT A HOSPITAL OR COUNTY COPY OF A CHILD'S BIRTH. IT IS AGAINST THE LAW.**
 - Completing this and submitting the birth certificate will count as 10 points in the selection process.
 - **We are required by law to contact the State Police if a certified birth certificate is not presented within three weeks of enrollment.**
 - Online forms and ordering can be found at the following website:
 - <http://www.wvdhhr.org/bph/hsc/vital/birthcert.asp>
- Immunizations Record
 - **Preferred document: West Virginia State Immunization Certificate, available at your doctor's office or Health Department.**
 - **Before being admitted to school, each child shall show proof that he/she has received the immunization requirements.**
 - Completing this and submitting the form will count as 10 points in the selection process.
- Physical Exam (Health Check)
 - A Physical completed by your child's doctor is known as a Health Check.
 - Completing this and submitting the form will count as 10 points in the selection process.
- Dental Exam
- Completed application including all forms
 - Completing this and submitting all forms will count as 10 points in the selection criteria process (posted on Barbour County Schools website by 01-02-25)

Family Information:

Father (Last name, First, MI) _____ **Home Phone:** _____ **Cell Phone:** _____

Father living in home _____ Yes _____ No Active Military _____ Yes _____ No Veteran _____ Yes _____ No

Date of Birth: _____ Email Address: _____ Employer: _____ Work Phone: _____

Home Address (if different from above) _____ City: _____ State: _____ Zip: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Mother (Last name, First, MI): _____ **Home phone:** _____ **Cell Phone:** _____

Mother Living in home? _____ Yes _____ No Active Military _____ Yes _____ No Veteran _____ Yes _____ No

Date of Birth: _____ Email Address: _____ Employer: _____ Work Phone: _____

Home Address (if different from above): _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

List Siblings and Dates of Birth:

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Do you need assistance finding before and after school childcare? _____ Yes _____ No

Is there a current Order of Protection or No Contact Order which concerns this student? _____ Yes _____ No

If "yes" a copy of the order must be provided to the school office.

Medical Information:

Do you have any Concerns about your child's health or development? _____ Yes _____ No

I verify that my child has ongoing source of medical care at: _____ I verify that my child has ongoing source of dental care at: _____

Physician Name: _____ Dentist Name: _____

Type of Insurance: () Medicaid () CHIPS () Private () Other: _____

Income Data: Please complete the requested information below. *The income information will be evaluated according to the "Income Guidelines" established by the United States Department of Health and Human Services to determine Head Start Eligibility. **ALL THE INFORMATION WILL BE STRICTLY CONFIDENTIAL.**

In the past year has anyone in your household received or been eligible for any of the following?

- Supplemental Security Income (SSI)
- TANF/WV Works
- WIC
- SNAP
- WV Birth to Three
- Mountain Heart

Check Housing Status

- Own
- Rent
- Hud or Low Income
- Shelter
- Homeless
- Foster Care
- Living W/Family or Friends
- Temporary Housing (Hotel, Camper, Tent)

Please indicate household income by selecting the correct box below:

- Below \$22,646
- \$22,646-\$28,547
- \$28,548-\$34,449
- \$34,450-\$40,351
- \$40,352-\$46,253
- \$46,254-\$52,155
- \$52,156-\$58,057
- Above \$58,057

- Incomplete packets may result in not getting 1st choice
- No Guarantee for 1st Choice
- An assignment to a site cannot be made until all parent boxes are checked, certificates verified, and final review is made by a designated Barbour County Universal Pre-K core team. **NO EXCEPTIONS WILL BE MADE TO THIS RULE.**

- Once initial home visits have been completed, site transfers will only be approved by administrative personnel.
- By checking here, I understand that my child will not be placed in Pre-K until a completed application is received by Karen MacDonald in person or by email at kmacdonald@ncwvcaa. For questions, please call 304-457-6525 or 304-614-8763.
- I understand that if any of my contact information changes, it is my responsibility to notify Karen MacDonald of these changes immediately.

Signature of Parent/Guardian

Date

District Signature

Date

All applicants that enroll their child must follow all Barbour County Schools policies, including the attendance policy.

2025-2026 Barbour County Universal Pre-K Registration Folder Checklist

- **Students must be 4 years old on or before June 30, 2025. Certificate of Live Birth is required for the completion of the packet.**
- **Parents:** Place a “certified of Live Birth” from the West Virginia State Department of Vital Statistics located in Charleston, WV, inside. (*Certificates from Hospitals and County Courthouses are not acceptable. Children born outside West Virginia must also have a certified copy of the Department of Vital Statistics/State Capitol from the state where they were born.*) WV <https://dhhr.wv.gov/HSC/VR/CR/Pages/default.aspx>
- **Parents:** Place Certificate of Immunization from a physician or health department inside. **Certificate of Immunization is required for the completion of the packet.** If your child turns 4 after April 29, 2025, you may turn in current immunizations before this date and then submit 4-year-old boosters after his/her 4th birthday.
- **Parents:** Place completed Health Check Physical Form signed by a physician. Health Check Physical Form is required for the completion of the packet. (**Exception:** *If your child has had a health check in the previous 12 months, you may turn in the Health Check Form from the previous 12-month period and then submit the new one once it’s completed. Completed forms MUST be received before school begins*).
- **Parents:** Include copies of court orders awarding custody of the child, if parents are separated or divorced

**** Sign and date at the application day**

Signature of Parent or Guardian

Date

Signature of Staff Member

Date

UNIVERSAL PRE-K PROGRAM SELECTION CRITERIA

Call Karen MacDonald at 304-457-2181 or 304-614-8763 to schedule an appointment to register for

Pre-Kindergarten starting January 2, 2025

Student's Name: _____

Preference of Site(s): _____
Homeschool 1st Choice 2nd Choice

Placement of Pre-Kindergarten students will be based on the following order and point system.

*Children receiving the most points will receive priority in Pre-K placement.

*Children receiving special services, homeless, or foster/kinship will be given priority in pre-kindergarten placements.

*Children will be placed in a pre-kindergarten location and priority will be given to those with the highest number of points.

*Children earning all 60 attainment points will be placed on or before April 29, 2025.

*Children earning less than 60 attainment points will be placed on or before May 6, 2025.

*Families can choose to wait for a preferred location instead of accepting the spot available, but the preferred spot cannot be guaranteed.

*Out of county applications will not be processed until all in county applications have been processed. This can be as late as August 2025.

*All information will be reviewed for accuracy and may result in less than 60 attainment points.

*Once the application is received by Karen MacDonald, the application will be dated/time received for consideration of placement. The application must be received before placement will be considered.

*If at any time, your contact information changes from the application, please notify Karen MacDonald at kmacdonald@ncwvcaa.org or 304-614-8763 or 304-457-2181

- | | | |
|--|--------------|-------|
| 1. Income Verification (Completed on Application)
(If further information is needed, you will be contacted) | Yes= 10 No=0 | _____ |
| 2. Certificate of birth (front and back) from Office of Vital Statistics | Yes=10 No=0 | _____ |
| 3. Provide up-to-date immunizations. | Yes=10 No=0 | _____ |
| 4. Lives within home school district for 1 st choice. | Yes=10 No=0 | _____ |
| 5. Health Check Form (completed within past 12 months) | Yes=10 No=0 | _____ |
| 6. Completed Application | Yes=10 No=0 | _____ |
| 7. Dental Screening | | _____ |

Remote Enrollment Appointment Scheduled
(Karen MacDonald Signature)

Date/Time

Reviewer BCS

Date

Reviewer HS

Date

Barbour County Schools Student and Emergency Care Information 2025-2026

OFFICE USE ONLY: Student's ID# (9 digits): _____ Date(s): Revised: _____

STUDENT INFORMATION

Student Legal Name: _____ Sex: F ___ M ___ N/A ___
Last Name First Name Middle Name

Physical Address (REQUIRED): _____

City: _____ State: _____ Zip: _____

Mailing Address (REQUIRED): _____

City: _____ State: _____ Zip: _____

Student's Preferred Name: _____ Date of Birth: _____ Grade: _____

★ ★ Custody Issues: Y ___ N ___ ★ Court Documents are in Student's File: Y ___ N ___ Medical Issues: Y ___ N ___ ★★

★★ Is Student in Foster Care Y ___ N ___ ★★ ★★ Media Opt Out Y ___ N ___ ★★

The Following ARE NOT Authorized to Pick Up My Child: _____

Bus Number(s): AM _____ PM _____

FAMILY INFORMATION

Please fill this section out with who resides at above address.

Name: _____
(First and Last Name)

Name: _____
(First and Last Name)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

*If child has a second home, please fill out this section with who resides at the second home.
If this does not apply, please leave blank.*

Name: _____
(First and Last Name)

Name: _____
(First and Last Name)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Relationship to Student: _____
(Father, Mother, Guardian, Foster Parent, etc.)

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Email Address: _____

Email Address: _____

Physical Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer: _____

Work Phone: _____ Student Lives With: Yes No

Work Phone: _____ Student Lives With: Yes No

OFFICE USE ONLY:

Student Last Name: _____

Student First Name: _____



FAMILY INFORMATION CONTINUED

Sibling Name(s) : _____

School(s) : _____

EMERGENCY CONTACTS

ADDITIONAL CONTACTS IN CASE OF AN EMERGENCY & OTHERS WHO MAY PICK UP MY CHILD:

In order to safeguard your child, we need your assistance in providing names of those to whom the school may release your child.

If parents are divorced or separated, please include a copy of the total court order awarding custody of child. Please do NOT call to change this form.

You must stop at the school office and submit a new form or make changes to current form.

****** Photo identification for picking up student and/or submitting changes may be required.******

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: () _____ - _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Cell Phone: () _____ - _____

MEDICAL INFORMATION:

Please list any medical conditions your child has: _____

List Allergies: _____

Medication to be taken at school and at home with time(s) ***Please Consult with School Nurse Regarding Proper Protocol in Regards to Taking Medication at School:***

Medical devices, appliances, etc. the student wears or uses: _____

In the event of a life-critical emergency, severe emotional crisis, or if the school is unable to locate a parent or guardian in an emergency, I hereby authorize school authorities to have my child transported for emergency treatment and give permission for the information on this emergency card to be released to the medical professional providing treatment.

Parent/Guardian/Foster Parent Signature _____ Relationship _____

Parent/Guardian/Foster Parent Signature _____ Relationship _____

Date _____

BARBOUR COUNTY PRE-KINDERGARTEN/KINDERGARTEN

TRANSPORTATION 2025-2026

Student: _____ Age: _____ Grade: _____

School: _____ Bus # _____ a.m. _____ p.m. Unknown _____

Parent/Guardian: _____ Phone: _____ Cell: _____

Sibling(s)/School(s): _____

Complete Address: _____

Directions to Home:

For office use only:

Bus Assigned: _____ Stop # _____ Date Received: _____ by _____

